

CONTRACT #3
RFS # 318.66-026

**Department of Finance &
Administration / Bureau of
TennCare**

VENDOR:
**Volunteer State Health Plan,
Inc.**



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APR 29 2005

FISCAL REVIEW

**STATE OF TENNESSEE
BUREAU OF TENNCARE
729 CHURCH STREET
NASHVILLE, TENNESSEE 37247-6501**

April 28, 2005

**Mr. Jim White, Director
Fiscal Review Committee
G-19 War Memorial Building
Nashville, TN 37243**

Attention: Leni Chick

RE: Bureau of TennCare Contract Submitted for Fiscal Review

Dear Mr. White:

The Department of Finance and Administration, Bureau of TennCare, is submitting for review by the Fiscal Review Committee amendment #10 to FA-0214632-00, the contract between TennCare and Volunteer State Health Plan, Inc. This contractor provides TennCare covered services to children in state custody and provides a safety net should other MCOs fail. This amendment provides a vehicle for payment to Meharry Medical Services Foundation and/or the Meharry Dental Clinic for unreimbursed TennCare and charity case costs. This amendment adds an additional \$5,343,886.00 to FY '2005 to funds paid previously to Meharry for this fiscal year, which brings Meharry payments total to \$10,204,080.00 for FY 2005.

We would greatly appreciate the approval of this amendment by the Fiscal Review Committee.

Sincerely,

**J. D. Hickey
Deputy Commissioner**

REQUEST: NON-COMPETITIVE AMENDMENT

APPROVED

Commissioner of Finance & Administration

Date:

Each of the request items below indicates specific information that must be individually detailed or addressed as required.
A REQUEST CAN NOT BE CONSIDERED IF INFORMATION PROVIDED IS INCOMPLETE, NON-RESPONSIVE, OR DOES NOT
CLEARLY ADDRESS EACH OF THE REQUIREMENTS INDIVIDUALLY AS REQUIRED.

RFS #	318.66-026		
STATE AGENCY NAME :	Department of Finance and Administration, Bureau of TennCare		
SERVICE CAPTION :	Provides TennCare covered services to children in State custody and provides a safety net should other MCO's fail.		
CONTRACT #	FA-02-14632-00	PROPOSED AMENDMENT #	10
CONTRACTOR :	Volunteer State Health Plan, Inc.		
CONTRACT START DATE :	July 1, 2001		
CURRENT, LATEST POSSIBLE END DATE : (including ALL options to extend)	12/31/2005		
CURRENT MAXIMUM LIABILITY :	\$281,176,467.90		
LATEST POSSIBLE END DATE WITH PROPOSED AMENDMENT : (including ALL options to extend)	12/31/2005		
TOTAL MAXIMUM COST WITH PROPOSED AMENDMENT : (including ALL options to extend)	\$286,520,353.90		
APPROVAL CRITERIA : (select one)	<input checked="checked" type="checkbox"/> use of Non-Competitive Negotiation is in the best interest of the state <input type="checkbox"/> only one uniquely qualified service provider able to provide the service		
ADDITIONAL REQUIRED REQUEST DETAILS BELOW (address each item immediately following the requirement text)			
(1) description of the proposed additional service and amendment effects :			
Provides vehicle for payments to Meharry Medical Services Foundation and/or the Meharry dental Clinic for unreimbursable TennCare and charity case costs.			
(2) explanation of need for the proposed amendment :			

Annual payments are made by the Contractor to Meharry Medical Services and/or the Meharry Dental Clinic. Partial payment was made in amendment #8. This amendment will pay the remainder of FY 2005 payments to Meharry.

(3) name and address of the proposed contractor's principal owner(s):
(not required if proposed contractor is a state education institution)

BlueCross BlueShield 801 Pine St Chattanooga, TN 37402

(4) documentation of OIR endorsement of the Non-Competitive procurement request:
(required only if the subject service involves information technology)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

(5) documentation of Department of Personnel endorsement of the Non-Competitive procurement request:
(required only if the subject service involves training for state employees)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

(6) description of procuring agency efforts to identify reasonable, competitive, procurement alternatives rather than to use non-competitive negotiation:

VSHP is currently providing a network of services that it is uniquely qualified to perform.

(7) justification of why the F&A Commissioner should approve a Non-Competitive Amendment:

The approval of this amendment by F&A will ensure the state can make final payment to Meharry Medical Services and/or Meharry Dental Clinic for FY 2005. This amount is a sum sufficient to administer this amendment in accordance with state law. CMS requires this type of payment be made via an MCO.

AGENCY HEAD REQUEST SIGNATURE:

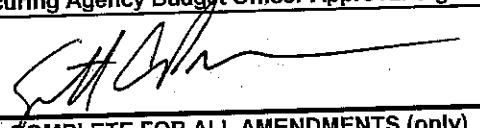
(must be signed by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR — signature by an authorized signatory will be accepted only in documented exigent circumstances)



SIGNATURE DATE:

4-29-05

CONTRACT SUMMARY SHEET

RFS Number:	318.66-026	Contract Number:	FA-02-14632-10	
State Agency:	Department of Finance and Administration	Division:	Bureau of TennCare	
Contractor		Contract Identification Number		
VSHP (TennCare Select)		<input type="checkbox"/> V- <input type="checkbox"/> C-		
Service Description				
Managed Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population				
Contract Begin Date			Contract End Date	
7/1/2001			12/31/2005	
Allotment Code	Cost Center	Object Code	Fund	Grant
318.66	532	134	11	<input type="checkbox"/> STARS
				Grant Code
				Subgrant Code
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding
2002	\$ 6,755,937.23	\$ 11,843,931.25		
2003	\$ 15,785,123.40	\$ 17,294,819.40		
2004	\$ 25,125,990.72	\$ 38,364,165.90		
2005	\$ 58,007,443.00	\$ 58,007,443.00		
2006	\$ 27,667,750.00	\$ 27,667,750.00		
Total:	\$ 133,342,244.35	\$ 153,178,109.55		
Total Contract Amount (including ALL amendments)				
				\$ 18,599,868.48
				\$ 33,079,942.80
				\$ 63,490,156.62
				\$ 116,014,886.00
				\$ 55,335,500.00
				\$ 286,520,353.90
CFDA#	93.778 Title XIX Dept. of Health & Human Svcs.			Check the box ONLY if the answer is YES:
State Fiscal Contract				Is the Contractor a SUBRECIPIENT? (per OMB A-133)
Name:	Dean Daniel			Is the Contractor a Vendor? (per OMB A-133)
Address:	729 Church Street			Is the Fiscal Year Funding STRICTLY LIMITED?
Phone:	Nashville, TN (615)532-1362			Is the Contractor on STARS?
Procuring Agency Budget Officer Approval Signature				Is the Contractor's FORM W-9 ATTACHED?
Scott Pierce 				Is the Contractor's Form W-9 Filed with Accounts?
Funding Certification				
Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.				
COMPLETE FOR ALL AMENDMENTS (only)				
	Base Contract & Prior Amendments	This Amendment ONLY		
CONTRACT END DATE:	12/31/2004	12/31/2005		
FY: 2002	\$ 18,599,868.48			
FY: 2003	\$ 33,079,942.80			
FY: 2004	\$ 63,490,156.62			
FY: 2005	\$ 110,671,000.00	\$ 5,343,886.00		
FY: 2006	\$ 55,335,500.00			
Total:	\$ 281,176,467.90	\$ 5,343,886.00		

AMENDMENT NUMBER 10

**AN AGREEMENT FOR THE ADMINISTRATION OF TENNCARE SELECT
BETWEEN
THE STATE OF TENNESSEE,
d.b.a. TENNCARE
AND
VOLUNTEER STATE HEALTH PLAN, INC.**

CONTRACT NUMBER: FA-02-14632-10

For and in consideration of the mutual promises herein contained and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree to clarify and/or amend the Agreement for the Administration of TennCare Select by and between the State of Tennessee TennCare Bureau, hereinafter referred to as TENNCARE, and Volunteer State Health Plan, Inc., hereinafter referred to as the CONTRACTOR, as follows:

Titles and numbering of paragraphs used herein are for the purpose of facilitating use of reference only and shall not be construed to infer a contractual construction of language.

1. Section 2-25 of the Agreement for the Administration of TennCare Select shall be amended by deleting and replacing the last paragraph which shall read as follows:

Payments to the Meharry Medical Services Foundation and/or the Meharry Dental Clinic under this amendment shall not exceed **\$10,000,000** for State fiscal year 2005. In addition to any interest earned, TENNCARE agrees to pay the CONTRACTOR a sum sufficient to administer this amendment in accordance with state law. The total obligation to the CONTRACTOR under this amendment including the supplemental payment to Meharry Medical Services Foundation and/or the Meharry Dental Clinic shall not exceed **\$10,204,080** for State fiscal year 2005. At such time that Federal Regulations allow, TENNCARE may discontinue making supplemental pool payments through the CONTRACTOR during State fiscal year 2005.

Amendment 10 (continued)

All of the provisions of the original Agreement not specifically deleted or modified herein shall remain in full force and effect. Unless a provision contained in this Amendment specifically indicates a different effective date, for purposes of the provisions contained herein, this Amendment shall become effective as of the date it is approved by the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services.

IN WITNESS WHEREOF, the parties have by their duly authorized representatives set their signatures.

**STATE OF TENNESSEE
DEPARTMENT OF FINANCE
AND ADMINISTRATION**

BY: _____
M. D. Goetz, Jr.
Commissioner

DATE: _____

APPROVED BY:

**STATE OF TENNESSEE
DEPARTMENT OF FINANCE
AND ADMINISTRATION**

BY: _____
M. D. Goetz, Jr.
Commissioner

DATE: _____

**VOLUNTEER STATE HEALTH PLAN,
INC.**

BY: _____
Ronald E. Harr
President and Chief Executive Officer

DATE: _____


APPROVED BY:

**STATE OF TENNESSEE
COMPTROLLER OF THE TREASURY**

BY: _____
John G. Morgan
Comptroller

DATE: _____

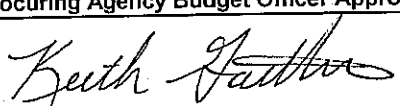
CONTRACT SUMMARY SHEET

RFS Number:	318.66-026			Contract Number:	FA-02-14632-09	
State Agency:	Department of Finance and Administration			Division:	Bureau of TennCare	
Contractor				Contract Identification Number		
VSHP (TennCare Select)				<input type="checkbox"/> V- <input type="checkbox"/> C-		
Service Description						
Managed Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population						
Contract Begin Date				Contract End Date		
7/1/2001				12/31/2005		
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	532	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)	
2002	\$ 6,755,937.23	\$ 11,843,931.25			\$ 18,599,868.48	
2003	\$ 15,785,123.40	\$ 17,294,819.40			\$ 33,079,942.80	
2004	\$ 25,125,990.72	\$ 38,364,165.90			\$ 63,490,156.62	
2005	\$ 55,335,500.00	\$ 55,335,500.00			\$ 110,671,000.00	
2006	\$ 26,667,750.00	\$ 26,667,750.00			\$ 55,335,500.00	
Total:	\$ 129,670,301.35	\$ 149,506,166.55			\$ 281,176,467.90	
CFDA#	93.778			Check the box ONLY if the answer is YES:		
State Fiscal Contract				Is the Contractor a SUBRECIPIENT? (per OMB A-133)		
Name:	Dean Daniel			Is the Contractor a Vendor? (per OMB A-133)		
Address:	729 Church Street			Is the Fiscal Year Funding STRICTLY LIMITED?		
Phone:	Nashville, TN (615)532-1362			Is the Contractor on STARS?		
Procuring Agency Budget Officer Approval Signature				Is the Contractor's FORM W-9 ATTACHED?		
Scott Pierce 				Is the Contractor's Form W-9 Filed with Accounts?		
Funding Certification						
COMPLETE FOR ALL AMENDMENTS (only)				Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.		
CONTRACT END DATE:		Base Contract & Prior Amendments	This Amendment ONLY			
		12/31/2004	12/31/2005			
FY: 2002		\$ 18,599,868.48				
FY: 2003		\$ 33,079,942.80				
FY: 2004		\$ 63,490,156.62				
FY: 2005		\$ 39,155,080.00	\$ 71,515,920.00			
FY: 2006			\$ 55,335,500.00			
Total:		\$ 154,325,047.90	\$ 126,851,420.00			

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 MANAGEMENT SERVICES

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 OFFICE OF
 MANAGEMENT SERVICES

CONTRACT SUMMARY SHEET

RFS Number:	318.66-026			Contract Number:	FA-02-14632-08	
State Agency:	Department of Finance and Administration			Division:	Bureau of TennCare	
Contractor				Contract Identification Number		
VSHP (TennCare Select)				<input type="checkbox"/> V- <input type="checkbox"/> C-		
Service Description						
Managed Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population						
Contract Begin Date				Contract End Date		
7/1/2001				12/31/2004		
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	532	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)	
2002	\$ 6,755,937.23	\$ 11,843,931.25			\$ 18,599,868.48	
2003	\$ 15,785,123.40	\$ 17,294,819.40			\$ 33,079,942.80	
2004	\$ 25,125,990.72	\$ 38,364,165.90			\$ 63,490,156.62	
2005	\$ 13,935,109.85	\$ 25,219,978.15			\$ 39,155,088.00	
Total:	\$ 61,602,161.20	\$ 92,722,894.70			\$ 154,325,055.90	
CFDA#	93.778			Check the box ONLY if the answer is YES:		
State Fiscal Contract				Is the Contractor a SUBRECIPIENT? (per OMB A-133)		
Name:	Dean Daniel			Is the Contractor a Vendor? (per OMB A-133)		
Address:	729 Church Street			Is the Fiscal Year Funding STRICTLY LIMITED?		
Phone:	Nashville, TN (615)532-1362			Is the Contractor on STARS?		
Procuring Agency Budget Officer Approval Signature				Is the Contractor's FORM W-9 ATTACHED?		
Scott Pierce				Is the Contractor's Form W-9 Filed with Accounts?		
COMPLETE FOR ALL AMENDMENTS (only)				Funding Certification		
		Base Contract & Prior Amendments	This Amendment ONLY			
CONTRACT END DATE:						
FY: 2002		\$ 18,599,868.48				
FY: 2003		\$ 33,079,942.80				
FY: 2004		\$ 63,490,156.62				
FY: 2005		\$ 34,094,974.00	\$5,060,114.00			
FY:						
Total:		\$ 149,264,941.90	\$ 5,060,114.00			
Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.						

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CONTRACT SUMMARY SHEET

RFS Number:	318.66-026			Contract Number:	FA-02-14632-07	
State Agency:	Department of Finance and Administration			Division:	Bureau of TennCare	
Contractor				Contract Identification Number		
VSHP (TennCare Select)				<input type="checkbox"/> V- <input type="checkbox"/> C-		
Service Description						
Managed Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population						
Contract Begin Date				Contract End Date		
7/1/2001				12/31/2004		
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	532	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)	
2002	\$ 6,755,937.23	\$ 11,843,931.25			\$ 18,599,868.48	
2003	\$ 15,785,123.40	\$ 17,294,819.40			\$ 33,079,942.80	
2004	\$ 25,125,990.72	\$ 38,364,165.90			\$ 63,490,156.62	
2005	\$ 12,121,615.63	\$ 21,973,358.37			\$ 34,094,974.00	
Total:	\$ 59,788,666.98	\$ 89,476,274.92			\$ 149,264,941.90	
CFDA#	93.778			Check the box ONLY if the answer is YES:		
State Fiscal Contract				Is the Contractor a SUBRECIPIENT? (per OMB A-133)		
Name:	Dean Daniel			Is the Contractor a Vendor? (per OMB A-133)		
Address:	729 Church Street			Is the Fiscal Year Funding STRICTLY LIMITED?		
Phone:	Nashville, TN (615)532-1362			Is the Contractor on STARS?		
Procuring Agency Budget Officer Approval Signature				Is the Contractor's FORM W-9 ATTACHED?		
Dean Daniel <i>Dean Daniel 6/24/04</i>				Is the Contractor's Form W-9 Filed with Accounts?		
COMPLETE FOR ALL AMENDMENTS (only)				Funding Certification		
		Base Contract & Prior Amendments	Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.			
CONTRACT END DATE:						
FY: 2002		\$ 18,599,868.48				
FY: 2003		\$ 33,079,942.80				
FY: 2004		\$ 63,490,156.62				
FY: 2005		\$ 34,094,974.00				
FY:						
Total:		\$ 149,264,941.90	\$ -			

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CONTRACT SUMMARY SHEET

RFS Number:	318.66-026			Contract Number:	FA-02-14632-06		
State Agency:	Department of Finance and Administration			Division:	Bureau of TennCare		
Contractor				Contract Identification Number			
VSHP (TennCare Select)				<input type="checkbox"/> V- <input type="checkbox"/> C-			
Service Description							
Managed Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population							
Contract Begin Date				Contract End Date			
7/1/2001				12/31/2004			
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code	
318.66	839	134	11	<input type="checkbox"/> STARS			
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)		
2002	\$ 6,755,937.23	\$ 11,843,931.25			\$ 18,599,868.48		
2003	\$ 15,785,123.40	\$ 17,294,819.40			\$ 33,079,942.80		
2004	\$ 25,125,990.72	\$ 38,364,165.90			\$ 63,490,156.62		
2005	\$ 12,121,615.63	\$ 21,973,358.37			\$ 34,094,974.00		
Total:	\$ 59,788,666.98	\$ 89,476,274.92			\$ 149,264,941.90		
CFDA#	93.778			Check the box ONLY if the answer is YES:			
State Fiscal Contract				Is the Contractor a SUBRECIPIENT? (per OMB A-133)			
Name: Dean Daniel				Is the Contractor a Vendor? (per OMB A-133)			
Address: 729 Church Street				Is the Fiscal Year Funding STRICTLY LIMITED?			
Phone: Nashville, TN (615)532-1362				Is the Contractor on STARS?			
Procuring Agency Budget Officer Approval Signature				Is the Contractor's FORM W-9 ATTACHED?			
Dean Daniel <i>Dean Daniel</i> 12/23/03				Is the Contractor's Form W-9 Filed with Accounts?			
COMPLETE FOR ALL AMENDMENTS (only)							
		Base Contract & Prior Amendments	This Amendment ONLY		Funding Certification		
CONTRACT END DATE:					Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.		
FY: 2002		\$ 18,599,868.48					
FY: 2003		\$ 33,079,942.80					
FY: 2004		\$ 29,395,182.62	\$ 34,094,974.00				
FY: 2005			\$ 34,094,974.00				
FY:							
Total:	\$ 81,074,993.90	\$ 68,189,948.00					

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CONTRACT SUMMARY SHEET

RFS Number:	318.66-026			Contract Number:	FA-02-14632-05	
State Agency:	Department of Finance and Administration			Division:	Bureau of TennCare	
Contractor				Contract Identification Number		
VSHP (TennCare Select)				<input type="checkbox"/> V- <input type="checkbox"/> C-		
Service Description						
Managed Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population						
Contract Begin Date				Contract End Date		
7/1/2001				12/31/2003		
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	839	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)	
2002	\$ 6,755,937.23	\$ 11,843,931.25			\$ 18,599,868.48	
2003	\$ 15,785,123.40	\$ 17,294,819.40			\$ 33,079,942.80	
2004	\$ 13,004,375.09	\$ 16,390,807.53			\$ 29,395,182.62	
Total:					\$ 81,074,993.90	
CFDA#	93.778			Check the box ONLY if the answer is YES:		
State Fiscal Contract				Is the Contractor a SUBRECIPIENT? (per OMB A-133)		
Name:	Dean Daniel			Is the Contractor a Vendor? (per OMB A-133)		
Address:	729 Church Street			Is the Fiscal Year Funding STRICTLY LIMITED?		
Phone:	(615)532-1362			Is the Contractor on STARS?		
Procuring Agency Budget Officer Approval Signature				Is the Contractor's FORM W-9 ATTACHED?		
Dean Daniel <i>Dean Daniel</i> 12/11/03				Is the Contractor's Form W-9 Filed with Accounts?		
COMPLETE FOR ALL AMENDMENTS (only)				Funding Certification		
CONTRACT END DATE:		Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.		
FY: 2002		\$ 18,599,868.48		<i>Budget 12-9-03</i>		
FY: 2003		\$ 33,079,942.80				
FY: 2004		\$ 24,372,429.50	\$ 5,022,753.12			
FY:						
FY:						
Total:		\$ 76,052,240.78	\$ 5,022,753.12			

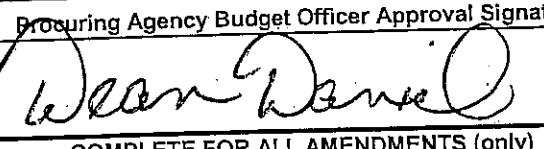
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Office of Contracts Review

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CONTRACT SUMMARY SHEET

RFS Number:	318.66 - 026			Contract Number:	FA-02-14632-04		
State Agency:	Department of Finance and Administration			Division:	Bureau of TennCare		
Contractor				Contract Identification Number			
VSHP (TennCare Select)				<input type="checkbox"/> V- <input type="checkbox"/> C-			
Service Description							
Managed Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population							
Contract Begin Date				Contract End Date			
7/1/2001				12/31/2003			
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code	
318.66	839	134	11	<input type="checkbox"/> STARS			
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)		
2002	\$ 6,755,937.23	\$ 11,843,931.25			\$ 18,599,868.48		
2003	\$ 15,785,123.40	\$ 17,294,819.40			\$ 33,079,942.80		
2004	\$ 11,153,919.98	\$ 13,218,509.53			\$ 24,372,429.50		
Total:	\$ 33,694,980.61	\$ 42,357,260.18			\$ 76,052,240.78		
CFDA#	93.778			Check the box ONLY if the answer is YES:			
State Fiscal Contract				Is the Contractor a SUBRECIPIENT? (per OMB A-133)			
Name:	Dean Daniel			Is the Contractor a Vendor? (per OMB A-133)			
Address:	729 Church Street			Is the Fiscal Year Funding STRICTLY LIMITED?			
Phone:	Nashville, TN (615)532-1362			Is the Contractor on STARS?			
Procuring Agency Budget Officer Approval Signature				Is the Contractor's FORM W-9 ATTACHED?			
Dean Daniel	 11/14/03			Is the Contractor's Form W-9 Filed with Accounts?			
COMPLETE FOR ALL AMENDMENTS (only)				Funding Certification			
		Base Contract & Prior Amendments	This Amendment ONLY		Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.		
CONTRACT END DATE:							
FY: 2002		\$ 18,599,868.48					
FY: 2003		\$ 33,079,942.80					
FY: 2004		\$ 18,366,944.50	\$ 6,005,485.00				
FY:							
FY:							
Total:	\$ 70,046,755.78	\$ 6,005,485.00					

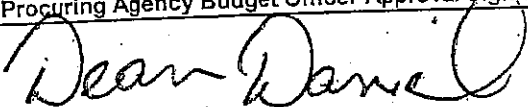
CONTRACT SUMMARY SHEET

RFS Number:	318-66-026			Contract Number:	FA-02-14632-03	
State Agency:	Department of Finance and Administration			Division:	Bureau of TennCare	
Contractor				Contract Identification Number		
VSHP (TennCare Select)				<input type="checkbox"/> V- <input type="checkbox"/> C-		
Service Description						
Managed Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population						
Contract Begin Date				Contract End Date		
7/1/2001				12/31/2003		
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	839	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)	
2002	\$ 6,755,937.23	\$ 11,843,931.25			\$ 18,599,868.48	
2003	\$ 15,785,123.40	\$ 17,294,819.40			\$ 33,079,942.80	
2004	\$ 9,183,472.25	\$ 9,183,472.25			\$ 18,366,944.50	
Total:	\$ 31,724,532.88	\$ 38,322,222.90			\$ 70,046,755.78	
CFDA#	93.778			Check the box ONLY if the answer is YES:		
State Fiscal Contract				Is the Contractor a SUBRECIPIENT? (per OMB A-133)		
Name:	Dean Daniel			Is the Contractor a Vendor? (per OMB A-133)		
Address:	729 Church Street			Is the Fiscal Year Funding STRICTLY LIMITED?		
Phone:	(615)532-1362			Is the Contractor on STARS?		
Procuring Agency Budget Officer Approval Signature				Is the Contractor's FORM W-9 ATTACHED?		
Dean Daniel <i>Dean Daniel</i> 6/30/03				Is the Contractor's Form W-9 Filed with Accounts?		
COMPLETE FOR ALL AMENDMENTS (only)						
		Base Contract & Prior Amendments	This Amendment ONLY			
CONTRACT END DATE:						
FY: 2002						
FY: 2003						
FY: 2004						
FY:						
FY:						
Total:		\$ -	\$ -			
Funding Certification						
Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.						

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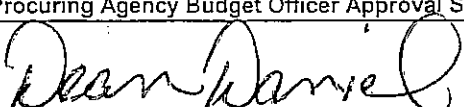
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CONTRACT SUMMARY SHEET

Number: 318.66-026				Contract Number: FA-02-14632-02	
Agency: Department of Finance and Administration				Division: Bureau of TennCare	
Contractor				Contract Identification Number	
(TennCare Select)				<input type="checkbox"/> V- <input type="checkbox"/> C-	
Service Description					
Medicaid Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population					
Contract Begin Date			Contract End Date		
7/1/2001			12/31/2003		
Account Code	Cost Center	Object Code	Fund	Grant	Grant Code
318.66	839	134	11	<input type="checkbox"/> STARS	
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)
2002	\$ 6,755,937.23	\$ 11,843,931.25			\$ 18,599,868.48
2003	\$ 15,785,123.40	\$ 17,294,819.40			\$ 33,079,942.80
2004	\$ 9,183,472.25	\$ 9,183,472.25			\$ 18,366,944.50
					\$ 70,046,755.78
Total:	\$ 31,724,532.88	\$ 38,322,222.90			
CFDA#	93.778			Check the box ONLY if the answer is YES:	
State Fiscal Contract				Is the Contractor a SUBRECIPIENT? (per OMB A-133)	
Name: Dean Daniel Address: 729 Church Street City: Nashville, TN Phone: (615)532-1362				Is the Contractor a Vendor? (per OMB A-133)	
Procuring Agency Budget Officer Approval Signature				Is the Fiscal Year Funding STRICTLY LIMITED?	
				Is the Contractor on STARS?	
n Daniel				Is the Contractor's FORM W-9 ATTACHED?	
COMPLETE FOR ALL AMENDMENTS (only)				Is the Contractor's Form W-9 Filed with Accounts?	
			Base Contract & Prior Amendments	Funding Certification	
CONTRACT END DATE:			12/31/2003	Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.	
2002	\$ 18,599,868.48				
2003	\$ 28,036,976.80	\$ 5,042,966.00			
2004	\$ 18,366,944.50				
Total:	\$ 65,003,789.78	\$ 5,042,966.00			

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CONTRACT SUMMARY SHEET

RFS Number:	318.66-026			Contract Number:	FA-02-14632-01		
State Agency:	Department of Finance and Administration			Division:	Bureau of TennCare		
Contractor				Contract Identification Number			
VSHP (TennCare Select)				<input type="checkbox"/> V- <input type="checkbox"/> C-			
Service Description							
Managed Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population							
Contract Begin Date				Contract End Date			
7/1/2001				12/31/2003			
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code	
318.66	839	134	11	<input type="checkbox"/> STARS			
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)		
2002	\$ 6,755,937.23	\$ 11,843,931.25			\$ 18,599,868.48		
2003	\$ 14,018,488.40	\$ 14,018,488.40			\$ 28,036,976.80		
2004	\$ 9,183,472.25	\$ 9,183,472.25			\$ 18,366,944.50		
Total:					\$ 65,003,789.78		
CFDA#	93.778			Check the box ONLY if the answer is YES:			
State Fiscal Contract				Is the Contractor a SUBRECIPIENT? (per OMB A-133)			
Name:	Dean Daniel			Is the Contractor a Vendor? (per OMB A-133)			
Address:	729 Church Street			Is the Fiscal Year Funding STRICTLY LIMITED?			
Phone:	(615)532-1362			Is the Contractor on STARS?			
Procuring Agency Budget Officer Approval Signature				Is the Contractor's FORM W-9 ATTACHED?			
Dean Daniel 				Is the Contractor's Form W-9 Filed with Accounts?			
COMPLETE FOR ALL AMENDMENTS (only)				Funding Certification			
		Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.			
CONTRACT END DATE:		12/31/2002	12/31/2003				
FY: 2002		\$ 18,599,868.48					
FY: 2003		\$ 9,670,032.30	\$ 18,366,944.50				
FY: 2004			\$ 18,366,944.50				
FY:							
Total:		\$ 28,269,900.78	\$ 36,733,889.00				

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C O N T R A C T S U M M A R Y S H E E T

Contract Number FA-02-14632-00		State Agency Tennessee Department of Finance and Administration	
		Division Bureau of TennCare	
Contractor		Vendor ID Number	
VSHP (TennCare Select)		<input type="checkbox"/> V— <input type="checkbox"/> C—	
Service Description			
Managed Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population			
Contract Begin Date		Contract End Date	
07/01/01		12/31/02	
Allotment Code	Cost Center	Object Code	Fund
318.66	839	134	11
		<input type="checkbox"/> on STARS	
FY	State Funds	Federal Funds	Total Contract Amount (including <u>ALL</u> amendments)
2002	6,755,937.23	11,843,931.25	18,599,868.48
2003	3,512,397.48	6,157,634.82	9,670,032.30
Total	10,268,334.71	18,001,566.07	28,269,900.78

<input type="checkbox"/> Fiscal Year Funding Is Strictly Limited	CFDA Number 93.778
<input type="checkbox"/> Contractor is on STARS	State Fiscal Contact
<input type="checkbox"/> Current Form W-9 On File With Accounts OR <input type="checkbox"/> Form W-9 Attached	Name Address Phone Keith Gaither 729 Church Street, Nashville TN 37247-6501 (615) 532-1362
<input type="checkbox"/> Service Provider Registered with F&A	Procuring Agency Budget Officer Approval Signature
<input type="checkbox"/> Contractor is a SUBRECIPIENT (as defined by OMB Circular A-133)	<i>Keith Gaither / RD 6/29/01</i> Keith Gaither

COMPLETE FOR <u>ALL</u> AMENDMENTS (only)			Funding Certification
	Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, John D. Ferguson, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.
Contract End Date			
Total			OCR Use Only

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